

KEENE MEMORIAL LIBRARY
MEETING ROOM APPLICATION

Please Print

Date of Filing Application

Name of Organization

President’s Name

Purpose and Function of the Organization

Address of the Organization	City/State	Zip Code
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Name of Individual Filing Application	Office in Organization
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Address	City/State	Zip Code	Phone Number
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Nature of Meeting

FILL IN BELOW FOR SINGLE MEETING:	Auditorium	East Building
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Date	Size of Group	Time (inclusive)
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FILL IN BELOW FOR SERIES OF MEETINGS:	Auditorium	East Building
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Size of Group	Time (inclusive)
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List dates below

I have read and agree to abide by the regulations governing the use of the meeting rooms.

Signature of Applicant

(Typing name represents your signature)

Emergency Contact Name and Phone Number:

Approved

Not Approved on behalf of the Board of the Keene Memorial Library

Library Director

Entered on the calendar Yes No

Initials _____